

# EXECUTIVE SUMMARY

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In Washington State and throughout the nation, injuries are the leading cause of death for children 1-17 years old. Injuries are often called "accidents," suggesting that they are unpredictable and unavoidable. However, research shows that the vast majority of injuries can be prevented.

This is the tragedy of injury – most of the resulting deaths, disabilities, and disfigurements need not have happened. In addition to the tremendous burden of grief on families, injuries cause a significant burden on state resources in terms of costs, lost productivity, and long-term disability.

While every child is at risk for injury, some groups are at higher risk. Age, gender, and geographic location are significant risk factors for injury and death. Children under 1 year old, adolescents 15-17 years old, and males have the highest death and hospitalization rates among all Washington children. Children living in rural areas of the state, in poverty, and in families with lower educational attainment are at disproportionate higher risk of injury.

Similarly, certain types of injuries affect some groups more frequently. For example, American Indian and Alaska Native children nationally have disproportionately higher death rates from motor vehicle crashes, and homicide is especially high among young African American males.

The purpose of this report is to provide an overview of the leading causes of injuries among Washington children, as well as best practices for injury prevention. Our goal is to provide injury prevention strategies in a readable, useful format, so that the prevention messages can be easily shared with the public. The recommended prevention strategies are based on research, literature review, and applied best practices. By putting the recommendations into place in homes, schools, and communities across the state, Washington can be a safer place for children.

## KEY FINDINGS ABOUT CHILDHOOD INJURY IN WASHINGTON STATE

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### **Among Washington children 0-17 years old:**

- Injury continues to be the leading cause of death for children over one year old.
- The vast majority of injuries are preventable.
- The leading causes of childhood injury-related death during 1999-2001 were motor vehicle crashes, followed by suffocation and drowning.
- The leading causes of childhood injury-related hospitalization during 1999-2001 were injuries due to falls, followed by poisonings and motor vehicle crashes.
- The majority of injury-related deaths and hospitalizations were unintentional.
- Substantial disparities exist for childhood injury with higher injury rates occurring among infants and teens (15-17 years old); males; African American, Native American and Alaskan Native children; children living in rural areas of the state; and children who live in census tracts with higher rates of poverty and lower educational attainment.
- Impairment by or use of alcohol and/or other drugs among supervising adults and older children is a risk factor for most causes of injury.

## KEY FINDINGS (CONTINUED)

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- Injury-related deaths have decreased over the past 20 years for all age groups, except for infants. Injury-related death rates decreased by about 52 percent for children 1-4 years old, about 48 percent for children 5-9 years old, and about 43 percent for children 10-17 years old.
- During the past 20 years, the motor vehicle crash death rate decreased by about 28 percent, the drowning rate decreased by about 54 percent, the fire and burn death rate decreased by about 53 percent, and the pedestrian-related death rate decreased by about 69 percent.
- Some causes of injury-related deaths<sup>1</sup> declined for certain age groups, but not others.
  - Motor-vehicle crash deaths declined for teens (15- 17 year olds), but not younger children (0-4 or 5-14 year olds).
  - Drowning deaths declined among younger children (0-4 or 5-14 years old), but not older children (15-17 years old).

## KEY PREVENTION STRATEGIES OF THIS REPORT

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- Motor vehicle occupant injuries can be prevented by increasing the availability of child safety seats and education to parents, enforcing the graduated licensing law for teen drivers, and enforcing seat belt and child safety seat laws for vehicle occupants.
- Suffocation injuries can be prevented by putting infants to sleep in an appropriate crib environment, supervising infants while eating, ensuring children play with age-appropriate toys, and promoting caregiver awareness of suffocation risk for young children. Strategies to prevent self-harm from hanging are included in the Suicide chapter.
- Drowning prevention strategies include caregiver supervision, enforcing regulations requiring life jackets for children on boats, pool fencing and barriers, swimming lessons that include open water instruction, the use of certified lifeguards in public swim areas, and education and awareness programs for children and adults.
- Fall injuries may be prevented by using stationary activity centers for infants instead of those on wheels, having safety gates at the top and bottom of stairs in homes when young children are present, installing window guards, and having playgrounds meet safety guidelines.
- Strategies that may prevent poisoning injuries include educating families to eliminate potential hazards, calling the national poison hotline, and preventing drug abuse. Strategies to prevent self-harm from poisoning are included in the Suicide chapter.

<sup>1</sup> A time trend analysis by age group was only completed for those injuries when there were at least 20 deaths in each age group.

These included injuries due to: motor vehicle crashes, drowning, suffocation, suicide, and pedestrian-related.